



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PINNACLE HOSPITAL

City of Hospital: Crown Point

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Dave Black

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Medicare Provider Number: 150166

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$103549042
Outpatient Patient Service Revenue	\$48554344
Total Gross Patient Service Revenue	\$152103386

2. Deductions From Revenue

Contractual Allowance	\$106055195
Other Deductions	\$0
Total Deductions	\$106055195

3. Total Operating Revenue

Net Patient Service Revenue	\$46392059
Other Operating Revenue	\$261078
Total Operating Revenue	\$46653137

4. Operating Expenses

Salaries and Wages	\$8563023	Employee Benefits	\$752083
Depreciation and Amortization	\$1217429	Interest Expense	\$1099745
Bad Debt	\$541605	Other Expenses	\$24661366
Total Operating Expenses	\$36835251		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9817886	Total Assets	\$29063252
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$31421717

Total Net Gains	\$9817886
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28899643	\$23408711	\$5490932
Medicaid	\$1521033	\$1399351	\$121682
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$121682708	\$81247135	\$40435573
Total	\$152103384	\$106055197	\$46048187

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$76244	\$0	
HCI Payments	\$0		
Subtotal	\$76244	\$0	\$76244
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$76244	\$0	\$76244
DSH Payments	\$0		
Subtotal	\$76244	\$0	\$76244
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$76244	\$0	\$76244

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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